



50+ RECREATION CENTERS

Membership Application

Membership expires 8/31/2005

Name _____
Last First MI

Address _____

City, State, Zip Code _____

Phone (____) _____ e-mail address _____

To verify Senior Status and to participate
in birthday celebrations please provide:

Birthdate: _____
Month / Year

Current Occupation _____ Employer _____

Former Occupation _____ Employer _____

If spouse is member, please give name _____
Last First MI

Emergency Contact (Please list a person who does not live with you):

Name _____ Phone (____) _____

Home Center (for voting and mailing purposes only): _____

Interests: (Check all that apply)

- ____ Craft Classes
- ____ Dances
- ____ Basketball
- ____ Fitness Classes
- ____ Golf
- ____ Senior Olympics
- ____ Trips
- ____ Computer Classes
- ____ Volunteering

Make checks payable to Columbus
City Treasurer for \$15

For office use only:

Application Date _____	Amount _____
Card _____	Card Filed _____
Computer _____	Receipt # _____
Membership Card _____	
New Member Invitation _____	
Completed by _____	

Something for everyone...naturally.
www.columbusrecparks.com